APPENDIX E(a)

Southern Health and Social Care Trust

Medical Directorate

18 May 2009 Our Ref: PL/TC/lw

Mr Aiden O'Brien
Urology Department
CAH

Dear Aiden

I have now contacted and spoken to Mr Mark Fordham at length. I explained to him that we have patients who are being admitted for IV fluids and antibiotics. I gave him your viewpoint as best I could. He said that while he understood that you are doing your best for this group of patients, he did not know of any evidence base which would support these therapies.

We went on to a more detailed discussion about his practice and a widely accepted approach to recurrent urinary infections. He felt that once such patients had the initial standard investigations carried out, that they should be managed in primary care with no further hospital interventions. He talked about voiding techniques, advice to patients about oral hydration and the use of night time oral antibiotics. He also talked about the specifics in relation to females, and local oestrogen therapy and advising patients in relation to personal care. He also felt that if patients needed particular advice and reassurance that a once weekly MSSU provided at the hospital for 6 successive weeks would indicate that 90% of these patients did not have urinary infections and had what he described as "abacterial "cystitis.

I explained that we have a very strong antibiotic guideline in place. He supported the use of such a guideline and went on to say that he believes that such circumstances need bacteriological evidence before antibiotics should be commenced.

Summary

Over the last 6 weeks, I have spoken and written to you about a cohort of about 30 patients who are admitted for IV antibiotics and IV fluids as a prophylaxis for recurrent UTI's.

We have had a letter from a politician asking for the treatment to be provided at home. Our CX is taking this forward with Mrs C Hanna, MLA.

Cont'd. .....

I have discussed the situation with a senior microbiologist from Stoke Mandeville who believes there is no evidence base to support the treatments.

In the above paragraphs I have described the reaction of a senior urological surgeon from Manchester who also believes there is no evidence to support the treatment.

Our commissioner has expressed concern and asked me to seek independent advice so that an evidence based discussion could take place around the continuation or discontinuation of such therapies.

I would now like to meet with you immediately to take this forward. In advance of the meeting perhaps you could reflect on the possibility of changing these patients to oral therapy with an MSSU taken at the hospital at a regular interval. As on previous occasions, I have copied this to Michael Young, whose opinion on the way forward might also be valuable.

Dr Patrick Loughran
Medical Director

cc Mr Michael Young, Consultant
Mr Colm Donaghy, Chief Execurive

Southern Trust Headquarters, Craigavon Area Hospital, 68 Lurgan Road, Portadown, BT63 5QQ
Tel: Personal Information redacted by the USI / Fax: Personal Information redacted by the USI / Email: Personal Information redacted by the USI

Appendix F(a)

Southern Health and Social Care Trust

Medical Directorate

12 May 2009 Our Ref: PL/tc

Mr Aiden O'Brien
Urology Department
CAH

Dear Aiden

At our meeting on 21 April we discussed the cohort of patients who are elective admissions to receive IV fluids and antibiotics.

I have searched the NICE Guidelines for the current position on the prevention of recurrent UTI and have turned up clinical guidance for UTI in children – and therefore not relevant. The NICE guidance on Chronic Kidney Disease does not deal with infection.

I have contacted Dr Corrigan, on behalf of our commissioner. In the absence of NICE or other peer reviewed support for IV antibiotics and/or IV fluids, the commissioner would not support the provision of this at home. Dr Corrigan and I have therefore agreed that this Trust should immediately seek independent advice on how such patients are treated in other Trusts in N Ireland and other parts of the UK.

I have received a copy of the paper on the work you are doing in relation to this treatment. I have contacted Jean O'Driscoll who is a consultant microbiologist in the East of England who has carried out a literature search for me. This search did not show any evidence in support of intravenous fluids and IV antibiotics as a recognised prophylaxis,

I am awaiting a return call from Mr Mark Fordham who is a Consultant urologist in Manchester and who is very familiar with the NI urology service. I am hoping to ask for his independent views on the IV therapies.

Cont'd. .....

Appendix F(b)

I spoke to Mr Young on the afternoon of 21 April, as the lead clinician, to make him aware of the background to our meeting and the expectation of an Independent inspection of the IV therapy.

I will keep in touch by letter and telephone as required.

Yours sincerely

Personal Information redacted by the USI

Dr Patrick Loughran
Medical Director

Southern Trust Headquarters, Craigavon Area Hospital, 68 Lurgan Road, Portadown, BT63 5QQ
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APPENDIX G

Southern Health and Social Care Trust

Medical Directorate

2 June 2009 Our Ref: PL/lw

Mr Aiden O'Brien
Urology Department
CAH

Dear Aiden

Thank you very much for meeting with me today. We agreed that you:

- would provide me with a complete list of the patients who are currently on the IV programme.
- will accept an independent assessment of this IV therapy.

I will arrange terms of reference with Mr Mark Fordham and speak to Jean O'Driscoll the Micro-biologist again.

I will also speak to Michael Young in due course.

Regards

Personal Information redacted by the USI

Dr Patrick Loughran
Medical Director

cc Mr Michael Young, Consultant
Mr Colm Donaghy, Chief Executive

Southern Trust Headquarters, Craigavon Area Hospital, 68 Lurgan Road, Portadown, BT63 5QQ
Tel: Personal Information redacted by the USI / Fax: Personal Information redacted by the USI / Email: Personal Information redacted by the USI

Southern Health and Social Care Trust

Medical Directorate

Memorandum

Our ref:	PL/lw	**Your ref:**	
To:	Joy Youart, Acting Director for Acute Services		
c.c.	Mr Aiden O'Brien, Consultant, Urology Department		
From:	Dr Patrick Loughran, Medical Director		
Date:	24th June 2009		
Subject:	**Urology patients on IV Therapy**		

Dear Joy

I have spoken to Mr O'Brien who has agreed to have an independent assessment on the efficacy and appropriateness of IV Therapy. Within our discussions he agreed to send me the details of this group of patients so that we could extract appropriate information from their charts. He has not replied despite telephone and written reminders.

I would be grateful if you could identify a secretary or member of medical records staff who could help me. I look forward to your reply.

Regards

Personal Information redacted by the USI

Dr Patrick Loughran
Medical Director

Southern Trust Headquarters, Craigavon Area Hospital, 68 Lurgan Road, Portadown, BT63 5QQ
Tel: Personal Information redacted by the USI / Fax: Personal Information redacted by the USI / Email: Personal Information redacted by the USI

APPENDIX I

Meeting re Urology Clinical Practice

Date: 4th August 2009

In attendance: Dr Patrick Loughran, Medical Director
Mr Aiden O'Brien, Consultant Urologist
Mr Michael Young, Consulant Urologist

Previous positions re the treatment of the identified cohorts of patients discussed. Dr Loughran explained that the Trust had engaged two experts Mr Mark Fordham (Urologist) and Dr Jean O'Driscoll (Microbiologist) to provide an opinion on the efficacy of the present intravenous regimes. They would review the charts of a number of patients and current urology and microbiology practices.

After further explanation of each others positions the following was agreed:

1. A further meeting to take place in September
2. A meaningful active and accurate list of patient details to be provided by Friday 7th August by Mr O'Brien and Mr Young.
3. Each surgeon will personally review the current treatment regime for each patient on the list.
4. A multidisciplinary group would be convened to review the reduced list of patents and agree a treatment plan for each patient. This group would consist of microbiology and urology consultants.

c.c. Dr Nazim Damani
Mr Colm Donaghy

Update: 7th August 2009

Dr Loughran met with Dr Damani today. Dr Damani has agreed to be a member of the multidisciplinary team.

Appendix J(a)

Wilson, Roberta

From: Fordham Mark (RQ6) RLBUHT [redacted]
Personal Information redacted by the USI

Sent: 23 October 2009 11:47

To: Wilson, Roberta2

Cc: Loughran, Patrick

Subject: Mark Fordham - Royal Liverpool Hospital

Dear Roberta,

It was helpful to know about your background in rheumatology. I think you will have seen patients who can become dependant on a hospital team for their incurable but non fatal conditions.

As promised I have asked the opinion of 2 senior colleagues who are active in female, reconstructive and neuro-urology surgery.

Best wishes

Mark

My description of the cases is below with their comments.

My description of the situation:-

I have been asked to look at some cases done by another consultant working many miles from us.

He has a group of patients whose atonic bladders have been managed by a variety of surgical procedures eventually ending up with cystectomy and ileal conduit diversion.

Some of the patients have what sounds like pelvic pain syndrome too.

These patients seem to have a variety of on-going symptoms and a positive ileal conduit urine culture results in a diagnosis of UTI causing the symptoms.

The patients' management that I've been asked to comment on [by the hospital medical director] is:- admitting the patient to hospital for 5 -7 days for i.v. fluids [one litre over 24 hours] together with 5 -7 days of i.v. antibiotics, being regularly repeated on a 2 or 3 monthly basis.

This is called 'rehydration and antibiotic therapy'.

My experience of this type of patient is that they can be rather 'heart-sink' individuals who have a normal life expectancy but have recurrent and various symptoms but once you have operated on them [especially cystectomy and ileal conduit formation] they are yours for the rest of your professional life.

However, I suspect that oral antibiotics either night-time trimethoprim or rotating antibiotics, a month at a time tend to be the most usual methods of trying to manage such cases.....but I will be very happy to stand corrected by you.

First colleagues reply:-

Thank you for the e-mail. I would suggest that this is an idiosyncratic way of managing patients with persistent symptoms after urinary diversion. However, there is a group of patients with conduits (who have usually been diverted for benign rather than malignant disease) who have symptoms that are difficult or impossible to manage effectively. Most urologists who deal with this patient group would agree that these individuals are a significant drain on resources as a result of repeated investigations and unplanned admissions to hospital. It often ends up with a situation where one is excluding serious, treatable complications and then providing supportive care in conjunction with the primary care team. That support can take on different forms but may include planned or unplanned admission to hospital at different times. In summary, these patients are "high-maintenance" whatever you do.

I would suggest that there is no single right way for managing these peoples' symptoms. However, I would

Appendix J(b)

make the following comments:

1. If there are clear clinical reasons for suspecting infection, then there is a case for taking a catheter specimen of urine from within the ileal conduit. Bag specimens of urine are unlikely to be of any value.
2. In the absence of clinical evidence of infection, conduit samples are likely to be misleading as asymptomatic bacteruria is very likely to be present in any patient with a conduit.
3. I would be uncomfortable with the implied idea that these patients are told they have a firm diagnosis (dehydration and infection) when that may be spurious. If their symptoms are not understood, then I feel they should be told that.
4. IV rehydration for someone who is drinking normally seems to be a nonsense.
5. IV antibiotics also seem to be inappropriate if alternative, oral agents can be used in adequate doses.
6. I agree that, if infection does clearly seem to be an issue (with good clinical justification for this) then most urologists would use chronic low-dose, rotating antibiotics or a several-weeks course of oral antibiotics at full dose.
7. I sounds to me as if the clinician has used this system as a means of providing supportive care and keeping the patients "under control". I suspect that the main benefit to the patient will be psychological – being admitted to a supportive environment with support for their persistent belief that their symptoms have a physical basis – and who is to say that they might not be doing better than similar patients who do not receive this level of support? However, I would find it justify on the basis of scientific validity and standard clinical thinking.

Second colleagues reply:-

A lot depends on whether he took the bladder out. Recurrent pyocystis is a frequent long term problem especially in neuropaths if the bladder is left behind – I have rarely done a cystectomy and IC for an atonic bladder since most will tolerate ICSC pretty well. If the bladder were left behind in one of these patients recurrent pyocystis would be inevitable. Rehydration (not sure 1 litre in 24 hours really qualifies) and antibiotics would not help much – frequent bladder washouts might but usually these patients end up with a salvage "simple" cystectomy later on.

The UTIs are interesting – are these simply positive cultures from the conduit (which is usual as you know) or are they symptomatic infections? If the bladder was indeed removed then I doubt that one could attribute a chronic pelvic pain syndrome to recurrent UTI even if it were symptomatic.

Like you I would usually manage recurrent symptomatic UTI in a conduit patient with rotating low dose antibiotics.

On balance the management strategy you describe sounds to have been a little unusual

30/12/2009

Appendix K

Wilson, Roberta

From: Fordham Mark (RQ6) RLBUHT [redacted]
Sent: 10 October 2009 14:52
To: Wilson, Roberta2
Subject: Mark Fordham - Royal Liverpool Hospital

Dear Roberta,

Apologies for the delay in sending you my comments of cases 3,4,6,7 and 8.

All these patients have a diagnosis of a functionally abnormal bladder and all but one has undergone major surgery and all but one has had the bladder removed.

Two of the patients also seem to have symptoms of a pelvic pain syndrome.

These combinations add up to 'heart sink' patients where in all probability there is no 'cure' available and they become chronic hospital attenders with various and variable symptoms sometimes resulting in numerous investigations generally with little in the way of positive diagnoses.
Because they have a functional problem the patients have a normal life expectancy and so will remain on the consultants books for decades.

The condition they have may be relatively uncommon [low incidence] but they live for many years and can require repeated consultations [high prevalence].
This can lead to the patients becoming hospital-dependant/institutionalised with the GP being disinclined to get involved as the case is 'complex' ie they do not know what to do.

Whether these patients have been well served by the major bladder surgery they have undergone is difficult to say as the records do not include the original letters leading up to the surgery.

The current clinical challenge is how to look after patients with ileal conduit diversions performed for functional disease and who suffer from recurrent symptoms which may or may not be related to urine infections.

Quite often a 'modus operandi' develops which 'works' for an individual patient.
This allows the doctor to feel he is doing something therapeutically effective and the patient feels something is being done; although what action is taken will vary between hospitals and consultants.

To my knowledge there is no standard treatment regime for recurrent urinary infections in patient with ileal conduits, although the mainstay of management is oral antibiotic therapy.
However I will ask my colleagues in BAUS who do specialise in these pathologies and see how they manage such patients and see if there is a consensus.

I'll let you know when I have heard from them

With all good wishes

Mark

Royal Liverpool Hospital
L7 8XP
[redacted]

30/12/2009

Appendix L

Key points from discussions with Dr Mark Fordham

Date 02 12 09

1 The management of these patients can be challenging.

2 They have normal life expectancy (non cancer patients)

3 They can become psychologically dependent on hospital services even in the absence of specific clinical needs.

4 Clinically diagnosed urinary tract infections are best confirmed by laboratory urine cultures but urine cultures from bowel based urine reservoirs or conduits need to be interpreted with care.

5 The local urology regimes for these patients do not have a scientific evidence base.

6 There is no need to treat patients with IV fluids who are able to drink normally.

7 The use of IV antibiotics should be reserved for patients with multiresistant urinary infections or severe pyelonephritis

8 Care can be provided with the support of primary care using various treatments relating to out patient oral antibiotic regimes.

9 These patients sometimes require unplanned admission when acutely unwell.

Appendix M

Wilson, Roberta

From: Wilson, Roberta
Sent: 02 December 2009 17:52
To: 'Fordham Mark (RQ6) RLBUHT'
Cc: 'Loughran, Patrick'
Subject: RE: Mark Fordham - Royal Liverpool Hospital
Attachments: Key points from discussions with Dr Mark Fordham.doc

Mark
Thank you for contacting me. Amendments as discussed. Also in a word document if formatting difficult to read.

1 These cohorts of patients are difficult to manage

2 They have normal life expectancy (non cancer patients)

3 They can become psychologically dependent on hospital services in the absence of clinical need for services.

4 Proven UTIs may be best managed with Antibiotics. Where no pure growth is identified or urine cultures are from bowel based urine reservoirs, urine sampling needs to be interpreted with care.

5 Their current regimes do not have a scientific evidence base.

6 There is no need to treat patients who are able to drink normally with IV fluids

7 There are other more appropriate antibiotic regimes available.

8 Care can be provided with the support of primary care using various other treatments relating to out patient antibiotic regimes.

9 They will require unplanned admissions at different times for different reasons and proven indications including acute episodes of urology care

Regards

Roberta Wilson
Governance Lead Medical Directorate
First floor
Nursing Home
Daisy Hill Hospital
Southern Health and Social Services Trust
Tel. DHH extn Personal Information or direct line Personal Information redacted by the USI.
Mobile no. Personal Information redacted by the USI

24/12/2009

3

Diane Corrigan

From: Diane Corrigan
Sent: 19 August 2010 18:17
To: Carolyn.Harper[redacted] janet.little[redacted]
Cc: libby.jones[redacted]
Subject: Important - advice needed on issues relating to clinical practice in Urology
Attachments: NI cystecomy and ileal conduit creation stats 200506 to 200910.xls; draft SHSCT report on IVT in urology Jan 10.pdf

Dear all

I have cut and pasted in some emails below which I hope are self-explanatory. There are also some attachments. In summary, in April 2009 I was approached by Dr P Loughran, the Medical Director of SHSCT, to seek my views as a commissioner of services as to whether a particular treatment being undertaken by Urologists in CAH was appropriate. This was regular elective admission of a small cohort of patients with chronic urinary tract infections to have IV fluids and antibiotics. The patients concerned believe that this 'flushes them out' and appear to value the treatment. I thought it was biologically implausible for this form of treatment to be any more effective than oral treatment. This view concurred with opinions Dr Loughran had already garnered from clinical colleagues. Although this treatment was wasteful of resources, it did not appear at that time to pose a clinical risk to patients. I gave Dr Loughran some advice on how to deal with the issue, including a contact for an external urology opinion.

I was next involved in January 2010 when Dr Loughran approached me to say that although he had agreed with the clinicians that the treatments would be phased out this had not in fact happened. He had prepared a paper for the Trust's SMT and as it referred to me he sought my opinion on the wording of the relevant paragraph. I suggested amendments (which you will see below), but did not see a final version of the report. The report's Appendices (see PDF attachment) included comments from external urologists which concurred that the treatment was not in keeping with practice elsewhere in GB.

At a recent meeting with the Trust about the Urology Review it emerged that not only had the treatment not yet stopped, but some patients (possibly 2) were now receiving this treatment via a central line. Given the risk that having an indwelling line poses to patients I felt that I needed to take this further. I emailed Mr Eamon Mackle, Clinical Director of Surgery at the Trust (see below) who indicated that the Medical Director had now asked him to deal with the issue. On the day I spoke to him he did not appear to be aware that I had provided previous comments, hence the purpose of copying him information on the timeline and the draft report. I re-read the report and began to wonder if there was something unusual about the cohort of patients. One of the external opinions referenced the fact that several of the patients had ileal conduits. I imagined that the prevalent population of patients with ileal conduits in the CAH catchment would not have been very large. To put my mind at rest I asked for some information on the numbers of such operations done over the last 5 years in NI by consultant. This is attached above in an Excel spreadsheet. There are all sorts of caveats in interpreting this data, depending as it does on coding quality and completeness. However the raw data show that of 185 cases over the period, 170 had a diagnostic code which indicated malignancy or carcinoma in situ. Another 2 were coded as 'neoplasm uncertain'. Three were done by a single urologist in BCH for neurological disorders. Of the remaining 10 which did not have those diagnoses, six were done by a single consultant at CAH. Four had a primary diagnosis of cystitis, one had a diagnosis of faecal incontinence and one of peritonitis.

I have tried to think of possible data-related explanation for this. If there was very poor coding practice in a hospital then maybe a patient who had a longstanding ileal conduit, admitted for treatment of cystitis might, in theory at least, be coded as though they had the cystectomy and ileal conduit as elective operations each time - but if so that coding error would need to be highlighted and stopped. However if there really is an underlying issue - what is the role of the PHA in drawing this to the Trust's attention?

I have included draft wording of an email which I was considering sending to the Medical Director, Director of Acute Services and Clinical Director of Surgery at SHSCT. However I thought that before doing so I needed guidance on whether this was the correct way to deal with this issue.

I would be very grateful for your comments and advice on the following points

(i) Do you agree that the line I had already taken on the use of regular IV fluids and antibiotics for chronic cystitis was correct?

(ii) Do you agree that continuing this form of treatment in the light of external advice from external urologists calls for further action, especially since some of patients now appear to have had central lines inserted for the purpose?

(iii) Do you think that the statistics on cystectomy and ileal conduit creation by one consultant at CAH are sufficiently different from the pattern of treatment in other units for me to raise this with the Trust? The numbers are small and all of the information from each Trust is subject to the quality of their coding.

(iv) Do you think my comment in the draft email seeking assurance that, following the Urology Review, no further radical pelvic surgery should now be happening in CAH is appropriate?

Regards

Diane

COPY OF EMAIL TO CLIN DIR OF SURGERY AT SHSCT

-----Original Message-----
From: Diane Corrigan
Sent: 09 August 2010 13:12
To: 'eamon.mackle[redacted]
Subject: FW: Intravenous Fluid & Antibiotic Therapy (IVT)
Importance: High

Personal Information redacted by the USI

Dear Eamon

Re our discussion at the end of the Urology meeting - I found this email and thought I should forward it to you. You may by now have had sight of the Trust's full internal file on this issue.

My timeline for events relating to this issue is:

21 April 2009 - phone discussion with Dr Loughran in which he indicated that a cohort of patients having this IV treatment had come to light when implementing the Trust's new antibiotic prescribing policy. I advised involvement of the CD and if necessary external advice from Mark Fordham. I emailed Mark's address on the 22nd April.

Paddy called me again on the 4th Jan 2010 to say that although the clinicians had agreed to change practice, it had emerged that this had not happened. He planned to prepare a paper setting out the issue for discussion (? within Trust management). He forwarded a draft to me (attached) and the email below was my response. I do not think I ever saw the final report which was for internal use in the Trust. The draft paper indicated that insertion of central lines to deliver this therapy was being considered for two patients. From your comments it sounds as though this has actually gone ahead. I am very concerned as to how this could have happened. It is a matter for the Trust to decide, but I think the latter begins to sound like an SAI.

I have re-read the Appendices to the draft report. Perhaps I am reading more into them than was meant - however am I right in thinking that almost all of these patients have had cystectomy and ileal conduits for benign disease? I would have imagined this would have been a treatment of last resort. Is there any possibility that there is a wider issue here - i.e. not just the continued use of a non evidence-based treatment for UTI, but a higher than expected use of radical surgery for the underlying pathology? As a first step maybe I can ask our information department to see whether it is possible to extract information on the number of cystectomies done in NI for benign disease over the last decade. This will depend on the coding quality - however if it shows nothing untoward in terms of numbers done at CAH then concentration on IVT would remain the most pressing issue.

This could be very difficult. I would advise a team approach within the Trust - involving the Medical Director and the Dir of Acute Services - dealing with this on your own would not be a good idea.

Please let me know if there is anything else I could do.

Diane

****

EXTRACT OF EMAIL TO MEDICAL DIR SECRETARY

-----Original Message-----
From: Diane Corrigan
Sent: 06 January 2010 16:13
To: 'White, Laura'; Paddy Loughran [Personal Information redacted by the USI]
Cc: Wilson, Roberta
Subject: RE: Intravenous Fluid & Antibiotic Therapy (IVT)

Thank you for letting me see this draft report. I have two comments.
Firstly, since I am now an employee of the PHA, I'm not sure it is technically correct to call me the 'commissioner' anymore - though the best alternative I can come up with is 'PHA adviser to the HSCB Southern office' which is very longwinded. With that in mind could I suggest that page 3 para g is amended to read

"I have discussed the above with Dr D Corrigan, the PHA adviser to the HSCB Southern office. On the basis of the information provided, she has advised that it would not be appropriate for SHSCT to continue to provide a treatment for which there is neither a published evidence base, nor a supporting consensus of professional opinion outwith the Trust. If SHSCT urologists feel strongly that this treatment is of value they should participate in a recognised clinical trial, with ethical committee approval. For those patients already on this treatment regimen an orderly process should be agreed and implemented to move them onto alternative treatment regimes, with the support of medical microbiology. It will be important that the reasoning behind this decision is sensitively communicated to this cohort of patients."

I also think the patient names should be removed from the Appendix (Carmel Hanna's letter) as the report may end up being copied and this could lead to a breach of patient confidentiality.

Regards

Diane
-----Original Message-----
From: White, Laura [Personal Information redacted by the USI]
Sent: 05 January 2010 14:19
To: Corrigan, Diane
Cc: Wilson, Roberta
Subject: Intravenous Fluid & Antibiotic Therapy (IVT)

Dr Corrigan

Enclosed as per your telephone call with Dr Loughran, you are mentioned under Page 2, No 6 and Page 3, "G".

Laura

Ms Laura White
Personal Assistant to
Dr Patrick Loughran
Medical Director
Southern Health & Social Care Trust

****

DRAFT EMAIL TO SHSCT 19 AUG 2010 VERSION

Dear

In the context of the Urology Review implementation process, which highlighted a high proportion of elective urology episodes which did not have an operative procedure, I re-read the external expert reports relating to the use of IV therapies at CAH (Appendices of the draft document I was asked to comment on last January). I picked up on a comment that many of the cases had ileal conduits. I emailed Eamon Mackle a few weeks ago to the effect that just to put my mind at rest I intended to seek NI-wide information on the numbers of cystectomies and ileal conduits carried out by Unit and consultant.

I enclose the results. These have to be interpreted with caution as they are dependent on coding quality. In addition I appreciate that the numbers are very small. It appears that cystectomy and conduit creation is done in the great majority of cases for malignant disease. However there appear to be small numbers done for other reasons. Four of the operations coded as being done by one of the CAH surgeons were for cystitis. This would appear to be unusual. Is there any possibility that this reflects incorrect coding and in fact these are multiple admissions of patients who have had the procedure in the past and who have been admitted for other reasons?

Following the Urology Review decision, as of March 2010 radical pelvic urology surgery for malignant disease should no longer be being done in SHSCT. This would include cystectomy. We have discussed the cancer cases recently at the meeting chaired by Beth Malloy from PMSI at the HSCB. The rationale for this policy decision, which is in line with IOG guidance, was to concentrate the relatively small number of such cases in the hands of a small number of surgeons who could maintain specialist sklills. No reference was made in the Urology Review to radical pelvic surgery for non-malignant diseaase. It was perhaps assumed to be implicit that the even smaller volume of this type of work would also be centralised. I would be grateful for an assurance that the urology team is now referring on all patients being considered for radical pelvic surgery regardless of the underlying diagnosis.

Best wishes

Diane

Total Patients in NI that have had removal of bladder and/or creation of an ileal conduit - From 2005/06 - 2009/10

Fiscal Year	Hospital Description	Consultant Name	Primary Operation	Operation Description	Secondary Operation Code	Secondary Operation Description	Primary Diagnosis	Diagnostic Description	Elective FCE's
FY2005/2006	Altnagelvin Hospital	Mulholland C.K Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C66.X	Malignant Neoplasm Of Ureter	1
		Mulholland C.K Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
	Altnagelvin Hospital							Total	2
	Hospital Description	Consultant Name	Primary Operation	Operation Description	Secondary Operation Code	Secondary Operation Description	Primary Diagnosis	Diagnostic Description	Elective FCE's
	Belfast City Hospital	Hagan C Mr	M19.1	Urinary Diversion - Construction Of Ileal Conduit	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C66.X	Malignant Neoplasm Of Ureter	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.2	Urinary Diversion - Creation Of Urinary Diversion To Intestine Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.2	Urinary Diversion - Creation Of Urinary Diversion To Intestine Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
	Belfast City Hospital							Total	14
	Hospital Description	Consultant Name	Primary Operation	Operation Description	Secondary Operation Code	Secondary Operation Description	Primary Diagnosis	Diagnostic Description	Elective FCE's
	Causeway Hospital	Kernohan R M Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	N30.9	Cystitis, Unspecified	1
	Causeway Hospital							Total	1
	Hospital Description	Consultant Name	Primary Operation	Operation Description	Secondary Operation Code	Secondary Operation Description	Primary Diagnosis	Diagnostic Description	Elective FCE's
	Craigavon Area Hospital	O'Brien A Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	N30.2	Other Chronic Cystitis	1
		Young M Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
	Craigavon Area Hospital							Total	2
	Hospital Description	Consultant Name	Primary Operation	Operation Description	Secondary Operation Code	Secondary Operation Description	Primary Diagnosis	Diagnostic Description	Elective FCE's
	Mater Hospital Hss Trust	Wilson BG Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Wilson BG Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C61.X	Malignant Neoplasm Of Prostate	1
	Mater Hospital Hss Trust							Total	2
FY2005/2006								**Total FY2005/06**	**21**

Total Patients in NI that have had removal of bladder and/or creation of an ileal conduit - From 2005/06 - 2009/10

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Fiscal Year	Hospital Description	Consultant Name	Primary Operation	Operation Description	Secondary Operation Code	Secondary Operation Description	Primary Diagnosis	Diagnostic Description	Elective FCE's
	Altnagelvin Hospital	Mulholland C.K Mr	M19.1	Urinary Diversion - Construction Of Ileal Conduit	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C66.X	Malignant Neoplasm Of Ureter	1
		Mulholland C.K Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Mulholland C.K Mr	M34.2	Total Excision Of Bladder - Cystourethrectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.2	Malignant Neoplasm Of Lateral Wall Of Bladder	1
	Altnagelvin Hospital							**Total**	**3**
	Hospital Description	**Consultant Name**	**Primary Operation**	**Operation Description**	**Secondary Operation Code**	**Secondary Operation Description**	**Primary Diagnosis**	**Diagnostic Description**	**Elective FCE's**
	Belfast City Hospital	Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.2	Urinary Diversion - Creation Of Urinary Diversion To Intestine Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
FY2006/2007		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.3	Urinary Diversion - Revision Of Urinary Diversion	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C66.X	Malignant Neoplasm Of Ureter	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
	Belfast City Hospital							**Total**	**17**
	Hospital Description	**Consultant Name**	**Primary Operation**	**Operation Description**	**Secondary Operation Code**	**Secondary Operation Description**	**Primary Diagnosis**	**Diagnostic Description**	**Elective FCE's**
	Craigavon Area Hospital	Batstone GRD Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Batstone GRD Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		O'Brien A Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		O'Brien A Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		O'Brien A Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		O'Brien A Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	N30.1	Interstitial Cystitis (Chronic)	1
		O'Brien A Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	N30.1	Interstitial Cystitis (Chronic)	1
		Young M Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
	Craigavon Area Hospital							**Total**	**8**
	Hospital Description	**Consultant Name**	**Primary Operation**	**Operation Description**	**Secondary Operation Code**	**Secondary Operation Description**	**Primary Diagnosis**	**Diagnostic Description**	**Elective FCE's**
	Mater Hospital Hss Trust	Wilson BG Mr	M19.1	Urinary Diversion - Construction Of Ileal Conduit	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Wilson BG Mr	M19.1	Urinary Diversion - Construction Of Ileal Conduit	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Wilson BG Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
	Mater Hospital Hss Trust							**Total**	**3**
FY2006/2007								**Total FY2006/07**	**31**

Total Patients in NI that have had removal of bladder and/or creation of an ileal conduit - From 2005/06 - 2009/10

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Fiscal Year	Hospital Description	Consultant Name	Primary Operation	Operation Description	Secondary Operation Code	Secondary Operation Description	Primary Diagnosis	Diagnostic Description	Elective FCE's
FY2007/2008	Belfast City Hospital	Hagan C Mr	M19.2	Urinary Diversion - Creation Of Urinary Diversion To Intestine Nec	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C61.X	Malignant Neoplasm Of Prostate	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	N32.8	Other Specified Disorders Of Bladder	1
		Keane PF Mr	M34.9	Total Excision Of Bladder - Unspecified	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.9	Total Excision Of Bladder - Unspecified	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.2	Total Excision Of Bladder - Cystourethrectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	D09.0	Carcinoma In Situ Of Bladder	1
		Rajan TN Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	D09.0	Carcinoma In Situ Of Bladder	1
		Rajan TN Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C61.X	Malignant Neoplasm Of Prostate	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
	Belfast City Hospital							**Total**	**26**
	Hospital Description	Consultant Name	Primary Operation	Operation Description	Secondary Operation Code	Secondary Operation Description	Primary Diagnosis	Diagnostic Description	Elective FCE's
	Craigavon Area Hospital	Batstone GRD Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Mcallister C Dr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		O'Brien A Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		O'Brien A Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		O'Brien A Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		O'Brien A Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	R15.X	Faecal Incontinence	1
		Young M Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	D41.4	Neoplasm Uncert / Unkn Behav Bladder	1
		Young M Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
	Craigavon Area Hospital							**Total**	**8**
	Hospital Description	Consultant Name	Primary Operation	Operation Description	Secondary Operation Code	Secondary Operation Description	Primary Diagnosis	Diagnostic Description	Elective FCE's
	Mater Hospital Hss Trust	Wilson BG Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Wilson BG Mr	M19.1	Urinary Diversion - Construction Of Ileal Conduit	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Wilson BG Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
	Mater Hospital Hss Trust							**Total**	**3**
FY2007/2008								**Total FY2007/08**	**37**

Fiscal Year	Hospital Description	Consultant Name	Primary Operation	Operation Description	Secondary Operation Code	Secondary Operation Description	Primary Diagnosis	Diagnostic Description	Elective FCE's
	Belfast City Hospital	Duggan B Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	N31.2	Flaccid Neuropathic Bladder, Not Elsewhere Classified	1
		Duggan B Mr	M34.8	Total Excision Of Bladder - Other Specified	M19.1	Urinary Diversion - Construction Of Ileal Conduit	N31.9	Neuromuscular Dysfunction Of Bladder, Unspecified	1
		Hagan C Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.7	Malignant Neoplasm Of Urachus	1
		Hagan C Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	N30.9	Cystitis, Unspecified	1
		Hagan C Mr	M34.8	Total Excision Of Bladder - Other Specified	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C61.X	Malignant Neoplasm Of Prostate	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C61.X	Malignant Neoplasm Of Prostate	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.5	Malignant Neoplasm Of Bladder Neck	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
FY2008/2009		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	D09.0	Carcinoma In Situ Of Bladder	1
		Rajan TN Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	D41.4	Neoplasm Uncert / Unkn Behav Bladder	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	D09.0	Carcinoma In Situ Of Bladder	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.5	Malignant Neoplasm Of Bladder Neck	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
	Belfast City Hospital							Total	42
	Hospital Description	Consultant Name	Primary Operation	Operation Description	Secondary Operation Code	Secondary Operation Description	Primary Diagnosis	Diagnostic Description	Elective FCE's
	Craigavon Area Hospital	O'Brien A Mr	M19.1	Urinary Diversion - Construction Of Ileal Conduit	M19.2	Urinary Diversion - Creation Of Urinary Diversion To Intestine Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		O'Brien A Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		O'Brien A Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		O'Brien A Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.2	Urinary Diversion - Creation Of Urinary Diversion To Intestine Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		O'Brien A Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		O'Brien A Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	R32.X	Unspecified Urinary Incontinence	1
		O'Brien A Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.2	Urinary Diversion - Creation Of Urinary Diversion To Intestine Nec	N30.1	Interstitial Cystitis (Chronic)	1
		Young M Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C61.X	Malignant Neoplasm Of Prostate	1
		Young M Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Young M Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
	Craigavon Area Hospital							Total	10
FY2008/2009								Total FY2008/09	52

Total Patients in NI that have had removal of bladder and/or creation of an ileal conduit - From 2005/06 - 2009/10

WIT-61851

Fiscal Year	Hospital Description	Consultant Name	Primary Operation	Operation Description	Secondary Operation Code	Secondary Operation Description	Primary Diagnosis	Diagnostic Description	Elective FCE's
	Belfast City Hospital	Duggan B Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	N31.9	Neuromuscular Dysfunction Of Bladder, Unspecified	1
		Duggan B Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	N36.8	Other Specified Disorders Of Urethra	1
		Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.2	Total Excision Of Bladder - Cystourethrectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.2	Urinary Diversion - Creation Of Urinary Diversion To Intestine Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.2	Urinary Diversion - Creation Of Urinary Diversion To Intestine Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.8	Total Excision Of Bladder - Other Specified	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C61.X	Malignant Neoplasm Of Prostate	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
FY2009/2010		Keane PF Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M19.1	Urinary Diversion - Construction Of Ileal Conduit	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	R32.X	Unspecified Urinary Incontinence	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	T81.4	Infection Following A Procedure, Not Elsewhere Classified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
	Belfast City Hospital							**Total**	**37**
	Hospital Description	Consultant Name	Primary Operation	Operation Description	Secondary Operation Code	Secondary Operation Description	Primary Diagnosis	Diagnostic Description	Elective FCE's
	Children'S Hospital	Bailie AG Mr	M34.2	Total Excision Of Bladder - Cystourethrectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
	Children'S Hospital							**Total**	**1**
	Hospital Description	Consultant Name	Primary Operation	Operation Description	Secondary Operation Code	Secondary Operation Description	Primary Diagnosis	Diagnostic Description	Elective FCE's
	Craigavon Area Hospital	O'Brien A Mr	M19.2	Urinary Diversion - Creation Of Urinary Diversion To Intestine Nec	M34.4	Total Excision Of Bladder - Simple Cystectomy	K65.9	Peritonitis, Unspecified	1
		O'Brien A Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		O'Brien A Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		O'Brien A Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	M19.2	Urinary Diversion - Creation Of Urinary Diversion To Intestine Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Young M Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Young M Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
	Craigavon Area Hospital							**Total**	**6**
FY2009/2010								**Total FY2009/10**	**44**

Source: PAS DSS Admission & Discharges Universe
Produced by: Information Services SO HSCB
Ref: Q1026 - Run Date: 17/08/10
Notes - Primary & Secondary Operation Codes Used - M34.1, M34.2, M34.4, M34.8, M34.9, M19.1, M19.2

4

Diane Corrigan

From: Diane Corrigan
Sent: 26 August 2010 10:27
To: Donnelly, Jeanette
Subject: RE: Cystectomy information

I'm going ahead to write to the Trust on the basis of what we already have - but ideally within 2 weeks?
Diane

-----Original Message-----
From: Donnelly, Jeanette [Personal Information redacted by the USI]
Sent: 26 August 2010 10:00
To: Corrigan, Diane
Subject: RE: Cystectomy information

"This e-mail is covered by the disclaimer found at the end of the message."

If we require info for previous years we need to request it from BSO, I will contact Michelle Bell in BSO (Previously DIS) she will be able to point me in the right direction - is there a timescale you require this by?

Regards

Jeanette

Jeanette Donnelly
Southern Office Information Team
Health & Social Care Board
Tower Hill, Armagh
BT61 9DR
Tel: [Personal Information redacted by the USI]
Fax: [Personal Information redacted by the USI]
Email: [Personal Information redacted by the USI]
Web: www.hscboard.hscni.net

-----Original Message-----
From: Corrigan, Diane [Personal Information redacted by the USI]
Sent: 26 August 2010 09:54
To: Donnelly, Jeanette
Subject: Re: Cystectomy information

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Jeanette
When we discussed this originally you mentioned that you only had access to 5 years data. However coded info has been collected further back than that. Do you know how we could go about getting the previous 5 years data in the same format? Does that require a formal info request to DHSS/Info Branch?
Diane

----- Original Message -----
From: Donnelly, Jeanette [redacted]
To: Corrigan, Diane [redacted]
Sent: Mon Aug 23 15:08:39 2010
Subject: RE: Cystectomy information

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Diane

See attached again - I have put each year onto a separate worksheet - for ease of reading as some of the years are quite small. Double checked the duplicates and where pts had diagnosis of cystitis and nothing. If you have any queries do not hesitate to contact me.

Regards
Jeanette

Jeanette Donnelly
Southern Office Information Team
Health & Social Care Board
Tower Hill, Armagh
BT61 9DR
Tel: [redacted]
Fax: [redacted]
Email: [redacted]
Web: www.hscboard.hscni.net

-----Original Message-----
From: Corrigan, Diane [redacted]
Sent: 20 August 2010 17:47
To: Donnelly, Jeanette
Subject: Re: Cystectomy information

"This e-mail is covered by the disclaimer found at the end of the message."

Thanks Jeanette.
I'll be in the office mid-morning. See you then.

Diane

----- Original Message -----
From: Donnelly, Jeanette [redacted]
To: Corrigan, Diane [redacted]
Sent: Fri Aug 20 17:10:53 2010
Subject: RE: Cystectomy information

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Diane

I have been looking at the CAH data - and don't see any duplicates - however I was trying to run this different ways to see if I could extract/highlight duplicates, in the original query/info I have given you I included Primary and Secondary Operation codes and wonder should I just have included Primary Operation as looking at the information this way for CAH only is extracting about 2-3 patients more per year, including the Secondary Operation code may have restricted it too much - maybe I could come up and speak to you on Monday at some stage regarding this.

I have attached this info for you to have a look at and see what you think. Hope this doesn't cause any disruptions for you.

Regards

Jeanette

Jeanette Donnelly
Southern Office Information Team
Health & Social Care Board
Tower Hill, Armagh
BT61 9DR
Tel: Personal Information redacted by the USI
Fax: Personal Information redacted by the USI
Email: Personal Information redacted by the USI
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-----Original Message-----
From: Corrigan, Diane Personal Information redacted by the USI
Sent: 20 August 2010 14:34
To: Donnelly, Jeanette
Subject: Cystectomy information

"This e-mail is covered by the disclaimer found at the end of the message."

Jeanette
I was wondering if there is any possibility that the higher proportion of cases with a diagnosis of cystitis at CAH is because of poor coding (ie patients who had the operation in the past admitted with an infection (though since they no longer have a bladder technically it should not be termed 'cystitis').

Is there any way that you are able to check patient numbers or date of birth just to confirm there are no duplicates in the CAH subset?

Diane

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Total Patients in NI that have had removal of bladder and/or creation of an ileal conduit - From 2005/06 - 2009/10

Notes - Primary Operation Codes Used - M34.1, M34.2, M34.4, M34.8, M34.9, M19.1, M19.2

Fiscal Year	Hospital Description	Consultant Name	Primary Operation	Operation Description	Primary Diagnosis	Diagnostic Description	Elective FCEs
FY2005/2006	Altnagelvin Hospital	Mulholland C.K Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Mulholland C.K Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C66.X	Malignant Neoplasm Of Ureter	1
	Altnagelvin Hospital						**2**
	Hospital Description	**Consultant Name**	**Primary Operation**	**Operation Description**	**Primary Diagnosis**	**Diagnostic Description**	**Elective FCEs**
	Belfast City Hospital	Keane PF Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C66.X	Malignant Neoplasm Of Ureter	1
		Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M19.2	Urinary Diversion - Creation Of Urinary Diversion To Intestine Nec	T83.0	Mechanical Complication Of Urinary (Indwelling) Catheter	1
		Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Walsh IK Mr	M19.2	Urinary Diversion - Creation Of Urinary Diversion To Intestine Nec	C56.X	Malignant Neoplasm Of Ovary	1
		Hagan C Mr	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Dobbs SP Dr	M34.3	Total Excision Of Bladder - Cystectomy Nec	N83.2	Other And Unspecified Ovarian Cysts	1
		Hagan C Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Walsh IK Mr	M19.2	Urinary Diversion - Creation Of Urinary Diversion To Intestine Nec	N31.9	Neuromuscular Dysfunction Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
	Belfast City Hospital						**21**
	Hospital Description	**Consultant Name**	**Primary Operation**	**Operation Description**	**Primary Diagnosis**	**Diagnostic Description**	**Elective FCEs**
	Causeway Hospital	Kernohan R M Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	N30.9	Cystitis, Unspecified	1
	Causeway Hospital						**1**
	Hospital Description	**Consultant Name**	**Primary Operation**	**Operation Description**	**Primary Diagnosis**	**Diagnostic Description**	**Elective FCEs**
	Craigavon Area Hospital	Young M Mr	M19.2	Urinary Diversion - Creation Of Urinary Diversion To Intestine Nec	N30.1	Interstitial Cystitis (Chronic)	1
		O'Brien A Mr	M19.2	Urinary Diversion - Creation Of Urinary Diversion To Intestine Nec	N13.3	Other And Unspecified Hydronephrosis	1
		Young M Mr	M19.1	Urinary Diversion - Construction Of Ileal Conduit	N30.1	Interstitial Cystitis (Chronic)	1
		Young M Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		O'Brien A Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	N30.2	Other Chronic Cystitis	1
	Craigavon Area Hospital						**5**
	Hospital Description	**Consultant Name**	**Primary Operation**	**Operation Description**	**Primary Diagnosis**	**Diagnostic Description**	**Elective FCEs**
	Mater Hospital Hss Trust	Wilson BG Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Wilson BG Mr	M19.1	Urinary Diversion - Construction Of Ileal Conduit	N31.9	Neuromuscular Dysfunction Of Bladder, Unspecified	1
		Wilson BG Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C61.X	Malignant Neoplasm Of Prostate	1
	Mater Hospital Hss Trust						**3**
FY2005/2006							**32**

Total Patients in NI that have had removal of bladder and/or creation of an ileal conduit - From 2005/06 - 2009/10

Notes - Primary Operation Codes Used - M34.1, M34.2, M34.4, M34.8, M34.9, M19.1, M19.2

Fiscal Year	Hospital Description	Consultant Name	Primary Operation	Operation Description	Primary Diagnosis	Diagnostic Description	Elective FCEs
FY2006/2007	Altnagelvin Hospital	Mulholland C K Mr	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C66.X	Malignant Neoplasm Of Ureter	1
		Mulholland C K Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Mulholland C K Mr	M34.2	Total Excision Of Bladder - Cystourethrectomy	C67.2	Malignant Neoplasm Of Lateral Wall Of Bladder	1
	Altnagelvin Hospital						**3**
	Hospital Description	**Consultant Name**	**Primary Operation**	**Operation Description**	**Primary Diagnosis**	**Diagnostic Description**	**Elective FCEs**
	Belfast City Hospital	Walsh IK Mr	M19.1	Urinary Diversion - Construction Of Ileal Conduit	Q60.0	Renal Agenesis, Unilateral	1
		Keane PF Mr	M19.1	Urinary Diversion - Construction Of Ileal Conduit	N32.8	Other Specified Disorders Of Bladder	1
		Keane PF Mr	M34.2	Total Excision Of Bladder - Cystourethrectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hegan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C66.X	Malignant Neoplasm Of Ureter	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hegan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hegan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M19.2	Urinary Diversion - Creation Of Urinary Diversion To Intestine Nec	R39.8	Other And Unspecf Symptoms And Signs Involv Urinary Syst	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
	Belfast City Hospital						**23**
	Hospital Description	**Consultant Name**	**Primary Operation**	**Operation Description**	**Primary Diagnosis**	**Diagnostic Description**	**Elective FCEs**
	Children'S Hospital	Basle AG Mr	M34.9	Total Excision Of Bladder - Unspecified	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
	Children'S Hospital						**1**
	Hospital Description	**Consultant Name**	**Primary Operation**	**Operation Description**	**Primary Diagnosis**	**Diagnostic Description**	**Elective FCEs**
	Craigavon Area Hospital	Young M Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		O'Brien A Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	N30.1	Interstitial Cystitis (Chronic)	1
		O'Brien A Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	N12.X	Tubulo-Interstitial Nephritis, Not Spec As Acute Or Chronic	1
		O'Brien A Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	N30.1	Interstitial Cystitis (Chronic)	1
		Young M Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		O'Brien A Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		O'Brien A Mr	M34.4	Total Excision Of Bladder - Simple Cystectomy	N30.2	Other Chronic Cystitis	1
		Balstone GRD Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		O'Brien A Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		O'Brien A Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Balstone GRD Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
	Craigavon Area Hospital						**11**
	Hospital Description	**Consultant Name**	**Primary Operation**	**Operation Description**	**Primary Diagnosis**	**Diagnostic Description**	**Elective FCEs**
	Mater Hospital Hss Trust	Wilson BG Mr	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Wilson BG Mr	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Wilson BG Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
	Mater Hospital Hss Trust						**3**
FY2006/2007							**41**

Total Patients in NI that have had removal of bladder and/or creation of an ileal conduit - From 2005/06 - 2009/10
Notes - Primary Operation Codes Used - M34.1, M34.2, M34.4, M34.8, M34.9, M19.1, M19.2

Fiscal Year	Hospital Description	Consultant Name	Primary Operation	Operation Description	Primary Diagnosis	Diagnostic Description	Elective FCEs
	Belfast City Hospital	Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C61.X	Malignant Neoplasm Of Prostate	1
		Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M19.1	Urinary Diversion - Construction Of Ileal Conduit	N30.1	Interstitial Cystitis (Chronic)	1
		Walsh IK Mr	M19.1	Urinary Diversion - Construction Of Ileal Conduit	A41.9	Septicaemia, Unspecified	1
		Hagan C Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C53.9	Malignant Neoplasm Of Cervix Uteri, Unsp	1
		Keane PF Mr	M34.9	Total Excision Of Bladder - Unspecified	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.9	Total Excision Of Bladder - Unspecified	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	D09.0	Carcinoma In Situ Of Bladder	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	D09.0	Carcinoma In Situ Of Bladder	1
		Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C61.X	Malignant Neoplasm Of Prostate	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	D09.0	Carcinoma In Situ Of Bladder	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	N32.8	Other Specified Disorders Of Bladder	1
		Keane PF Mr	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M19.2	Urinary Diversion - Creation Of Urinary Diversion To Intestine Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C61.X	Malignant Neoplasm Of Prostate	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
FY2007/2008		Rajan TN Mr	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Walsh IK Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	Q64.1	Exstrophy Of Urinary Bladder	1
		Walsh IK Mr	M19.2	Urinary Diversion - Creation Of Urinary Diversion To Intestine Nec	R32.X	Unspecified Urinary Incontinence	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.2	Total Excision Of Bladder - Cystourethrectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
	Belfast City Hospital						**38**
	Hospital Description	Consultant Name	Primary Operation	Operation Description	Primary Diagnosis	Diagnostic Description	Elective FCEs
	Children'S Hospital	Marshall DF Mr	M19.2	Urinary Diversion - Creation Of Urinary Diversion To Intestine Nec	N31.9	Neuromuscular Dysfunction Of Bladder, Unspecified	1
	Children'S Hospital						**1**
	Hospital Description	Consultant Name	Primary Operation	Operation Description	Primary Diagnosis	Diagnostic Description	Elective FCEs
	Craigavon Area Hospital	O'Brien A Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	R15.X	Faecal Incontinence	1
		O'Brien A Mr	M19.2	Urinary Diversion - Creation Of Urinary Diversion To Intestine Nec	N39.0	Urinary Tract Infection, Site Not Specified	1
		O'Brien A Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Young M Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Young M Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	D41.4	Neoplasm Uncert / Unkn Behav Bladder	1
		O'Brien A Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Young M Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Balstone GRD Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Mcallister C Dr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Young M Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		O'Brien A Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
	Craigavon Area Hospital						**11**
	Hospital Description	Consultant Name	Primary Operation	Operation Description	Primary Diagnosis	Diagnostic Description	Elective FCEs
	Mater Hospital Hss Trust	Wilson BG Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Wilson BG Mr	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Wilson BG Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
	Mater Hospital Hss Trust						**3**
FY2007/2008							**53**

Total Patients in NI that have had removal of bladder and/or creation of an ileal conduit - From 2005/06 - 2009/10

Notes - Primary Operation Codes Used - M34.1, M34.2, M34.4, M34.8, M34.9, M19.1, M19.2

Fiscal Year	Hospital Description	Consultant Name	Primary Operation	Operation Description	Primary Diagnosis	Diagnosis Description	Elective FCEs
	Belfast City Hospital	Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.8	Malignant Neoplasm Of Bladder Unspecified	1
		Duggan B Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	N31.2	Flaccid Neuropathic Bladder, Not Elsewhere Classified	1
		Hagan C Mr	M34.9	Total Excision Of Bladder - Unspecified	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		Rajan TN Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	D09.0	Carcinoma In Situ Of Bladder	1
		Duggan B Mr	M19.1	Urinary Diversion - Construction Of Ileal Conduit	Z46.6	Fitting And Adjustment Of Urinary Device	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C61.X	Malignant Neoplasm Of Prostate	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C61.X	Malignant Neoplasm Of Prostate	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.5	Malignant Neoplasm Of Bladder Neck	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		Duggan B Mr	M19.1	Urinary Diversion - Construction Of Ileal Conduit	N39.4	Other Specified Urinary Incontinence	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		Hagan C Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		Rajan TN Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		Rajan TN Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	D09.0	Carcinoma In Situ Of Bladder	1
		Duggan B Mr	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C57.8	Malignant Neoplasm Of Female Genital Organ, Unspecified	1
		Rajan TN Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	D41.4	Neoplasm Uncert / Unkn Behav Bladder	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		Keane PF Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.5	Malignant Neoplasm Of Bladder Neck	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		Hagan C Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		Rajan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		Keane PF Mr	M19.1	Urinary Diversion - Construction Of Ileal Conduit	N30.1	Interstitial Cystitis (Chronic)	1
FY2008/2009		Keane PF Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		Rajan TN Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		Keane PF Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		Hagan C Mr	M34.8	Total Excision Of Bladder - Other Specified	C61.X	Malignant Neoplasm Of Prostate	1
		Keane PF Mr	M19.2	Urinary Diversion - Creation Of Urinary Diversion To Intestine Nec	N39.4	Other Specified Urinary Incontinence	1
		Hagan C Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		Keane PF Mr	M19.1	Urinary Diversion - Construction Of Ileal Conduit	R32.X	Unspecified Urinary Incontinence	1
		Hagan C Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		Hagan C Mr	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	N30.9	Cystitis, Unspecified	1
		Rajan TN Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		Hagan C Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.7	Malignant Neoplasm Of Urachus	1
		Keane PF Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		Duggan B Mr	M34.8	Total Excision Of Bladder - Other Specified	N31.9	Neuromuscular Dysfunction Of Bladder, Unspecified	1
		Rajan TN Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
	Belfast City Hospital						**58**
	Hospital Description	Consultant Name	Primary Operation	Operation Description	Primary Diagnosis	Diagnosis Description	Elective FCEs
	Children's Hospital	[illegible] AG Mr	M19.2	Urinary Diversion - Creation Of Urinary Diversion To Intestine Nec	N31.9	Neuromuscular Dysfunction Of Bladder, Unspecified	1
		[illegible] AG Mr	M19.2	Urinary Diversion - Creation Of Urinary Diversion To Intestine Nec	N13.6	Pyonephrosis	1
	Children's Hospital						**2**
	Hospital Description	Consultant Name	Primary Operation	Operation Description	Primary Diagnosis	Diagnosis Description	Elective FCEs
	Craigavon Area Hospital	O'Brien A Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	R32.X	Unspecified Urinary Incontinence	1
		O'Brien A Mr	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		O'Brien A Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		O'Brien A Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	N30.1	Interstitial Cystitis (Chronic)	1
		O'Brien A Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		O'Brien A Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		Young M Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C61.X	Malignant Neoplasm Of Prostate	1
		O'Brien A Mr	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		Young M Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		Young M Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
		O'Brien A Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder Unspecified	1
	Craigavon Area Hospital						**11**
	Hospital Description	Consultant Name	Primary Operation	Operation Description	Primary Diagnosis	Diagnosis Description	Elective FCEs
	Erne Hospital	Conlon O Dr	M34.3	Total Excision Of Bladder - Cystectomy Nec	[illegible]	Vulval Cyst	1
	Erne Hospital						1
	Hospital Description	Consultant Name	Primary Operation	Operation Description	Primary Diagnosis	Diagnosis Description	Elective FCEs
	Independent Hospital	Walsh IK Mr	M19.2	Urinary Diversion - Creation Of Urinary Diversion To Intestine Nec	N30.1	Interstitial Cystitis (Chronic)	1
	Independent Hospital						**1**
FY2008/2009							**73**

Received from PHA on 25/10/2022. Annotated by the Urology Services Inquiry

Total Patients in NI that have had removal of bladder and/or creation of an ileal conduit - From 2005/06 - 2009/10

Notes - Primary Operation Codes Used - M34.1, M34.2, M34.4, M34.8, M34.9, M19.1, M19.2

Fiscal Year	Hospital Description	Consultant Name	Primary Operation	Operation Description	Primary Diagnosis	Diagnostic Description	Elective FCEs
	Belfast City Hospital	Thompson T Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	N32.1	Vesicointestinal Fistula	1
		Woolley S Ms	M19.1	Urinary Diversion - Construction Of Ileal Conduit	N82.0	Vesicovaginal Fistula	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C61.X	Malignant Neoplasm Of Prostate	1
		Hagan C Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Ryan TN Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Duggan B Mr	M19.1	Urinary Diversion - Construction Of Ileal Conduit	N31.9	Neuromuscular Dysfunction Of Bladder, Unspecified	1
		Ryan TN Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Ryan TN Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Ryan TN Mr	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	0
		Hagan C Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Ryan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Ryan TN Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Ryan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Ryan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Duggan B Mr	M19.1	Urinary Diversion - Construction Of Ileal Conduit	N31.9	Neuromuscular Dysfunction Of Bladder, Unspecified	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C61.X	Malignant Neoplasm Of Prostate	1
		Hagan C Mr	M19.1	Urinary Diversion - Construction Of Ileal Conduit	N30.1	Interstitial Cystitis (Chronic)	1
		Ryan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
FY2008/2009		Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Ryan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Duggan B Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	N36.8	Other Specified Disorders Of Urethra	1
		Ryan TN Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	T81.4	Infection Following A Procedure, Not Elsewhere Classified	1
		Duggan B Mr	M19.1	Urinary Diversion - Construction Of Ileal Conduit	Z43.6	Attention To Other Artificial Openings Of Urinary Tract	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Hagan C Mr	M34.2	Total Excision Of Bladder - Cystourethrectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Keane PF Mr	M34.8	Total Excision Of Bladder - Other Specified	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Ryan TN Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Duggan B Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	Q05.9	Spina Bifida, Unspecified	1
		Ryan TN Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	R32.X	Unspecified Urinary Incontinence	1
		Keane PF Mr	M19.1	Urinary Diversion - Construction Of Ileal Conduit	N30.1	Interstitial Cystitis (Chronic)	1
		Keane PF Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Duggan B Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	N31.9	Neuromuscular Dysfunction Of Bladder, Unspecified	1
		Hagan C Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
	Belfast City Hospital						**88**
	Hospital Description	**Consultant Name**	**Primary Operation**	**Operation Description**	**Primary Diagnosis**	**Diagnostic Description**	**Elective FCEs**
	Children'S Hospital	Earle AG Mr	M34.2	Total Excision Of Bladder - Cystourethrectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
	Children'S Hospital						**1**
	Hospital Description	**Consultant Name**	**Primary Operation**	**Operation Description**	**Primary Diagnosis**	**Diagnostic Description**	**Elective FCEs**
	Craigavon Area Hospital	Young M Mr	M19.1	Urinary Diversion - Construction Of Ileal Conduit	A31.9	Mycobacterial Infection, Unspecified	0
		Young M Mr	M19.2	Urinary Diversion - Creation Of Urinary Diversion To Intestine Nec	N13.2	Hydronephrosis With Renal And Ureteral Calculous Obstruction	1
		Young M Mr	M19.1	Urinary Diversion - Construction Of Ileal Conduit	N35.9	Urethral Stricture, Unspecified	1
		O'Brien A Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		Young M Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		O'Brien A Mr	M34.3	Total Excision Of Bladder - Cystectomy Nec	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		O'Brien A Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
		O'Brien A Mr	M19.2	Urinary Diversion - Creation Of Urinary Diversion To Intestine Nec	K05.9	Periodontitis, Unspecified	1
		Young M Mr	M34.1	Total Excision Of Bladder - Cystoprostatectomy	C67.9	Malignant Neoplasm Of Bladder, Unspecified	1
	Craigavon Area Hospital						**8**
	Hospital Description	**Consultant Name**	**Primary Operation**	**Operation Description**	**Primary Diagnosis**	**Diagnostic Description**	**Elective FCEs**
	Independent Hospital	Duggan B Mr	M19.1	Urinary Diversion - Construction Of Ileal Conduit	N39.4	Other Specified Urinary Incontinence	1
	Independent Hospital						**1**
	Hospital Description	**Consultant Name**	**Primary Operation**	**Operation Description**	**Primary Diagnosis**	**Diagnostic Description**	**Elective FCEs**
	Ulster Hospital	Beal BG Mr	M19.1	Urinary Diversion - Construction Of Ileal Conduit	C64.1	Malignant Of Urinary Bladder	1
	Ulster Hospital						**1**
FY2009/2010							**99**

Source: PAS DSS Admission & Discharges Universe
Produced by: Information Services SO HSCB
Ref: Q1026 - Run Date: 23/09/10

5

Diane Corrigan

From: Donnelly, Jeanette [redacted]
Sent: 20 August 2010 17:11
To: Corrigan, Diane
Subject: RE: Cystectomy information
Attachments: Q1026cah pts only.xlsx

"This e-mail is covered by the disclaimer found at the end of the message."

Diane

I have been looking at the CAH data - and don't see any duplicates - however I was trying to run this different ways to see if I could extract/highlight duplicates, in the original query/info I have given you I included Primary and Secondary Operation codes and wonder should I just have included Primary Operation as looking at the information this way for CAH only is extracting about 2-3 patients more per year, including the Secondary Operation code may have restricted it too much - maybe I could come up and speak to you on Monday at some stage regarding this.

I have attached this info for you to have a look at and see what you think. Hope this doesn't cause any disruptions for you.

Regards

Jeanette

Jeanette Donnelly
Southern Office Information Team
Health & Social Care Board
Tower Hill, Armagh
BT61 9DR
Tel: [redacted]
Fax: [redacted]
Email: [redacted]
Web: www.hscboard.hscni.net

-----Original Message-----
From: Corrigan, Diane [redacted]
Sent: 20 August 2010 14:34
To: Donnelly, Jeanette
Subject: Cystectomy information

"This e-mail is covered by the disclaimer found at the end of the message."

Jeanette
I was wondering if there is any possibility that the higher proportion of cases with a diagnosis of cystitis at CAH is because of poor coding (ie patients who had the operation in the past admitted with an infection (though since they no longer have a bladder technically it should not be termed 'cystitis').

Is there any way that you are able to check patient numbers or date of birth just to confirm there are no duplicates in the CAH subset?

Diane

****
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IT-61863

Fiscal Year	Hospital Description	Consultant Name	Local Commission	Primary Operation	Operation Descrip	Secondary Operat	Secondary Operat	Primary Diagnosis	Diagnostic Description	Postcode	Casenote	DOB	CHI Number	Fiscal Month	Date of Admission	CHI Number	Elective FCE's & D
FY2005/2006	Craigavon Area Hos	O'Brien A Mr	SOUTHERN	M34 3	Total Excision Of Bl	M19 1	Urinary Diversion -	N30 2	Other Chronic Cystitis	Personal Information redacted by the USI				FM05	01/08/2005	Personal Information redacted by the USI	1
		Young M Mr	SOUTHERN	M34 1	Total Excision Of Bl	M19 1	Urinary Diversion -	C67 9	Malignant Neoplasm Of Bladder, Unspecif					FM12	13/03/2006		1
	Craigavon Area Hospital																2
FY2005/2006									Sum								2

Fiscal Year	Hospital Description	Consultant Name	Local Commission	Primary Operation	Operation Descrip	Secondary Operat	Secondary Operat	Primary Diagnosis	Diagnostic Description	Postcode	Casenote	DOB	CHI Number	Fiscal Month	Date of Admission	CHI Number	Elective FCE's & D
FY2006/2007	Craigavon Area Hos	Balstone GRD Mr	SOUTH EASTERN	M34 3	Total Excision Of Bl	M19 1	Urinary Diversion -	C67 9	Malignant Neoplasm Of Bladder, Unspecif	Personal Information redacted by the USI				FM06	30/06/2006	Personal Information redacted by the USI	1
		Balstone GRD Mr	SOUTHERN	M34 3	Total Excision Of Bl	M19 1	Urinary Diversion -	C67 9	Malignant Neoplasm Of Bladder, Unspecif					FM05	02/06/2006		1
		O'Brien A Mr	SOUTHERN	M34 1	Total Excision Of Bl	M19 1	Urinary Diversion -	C67 9	Malignant Neoplasm Of Bladder, Unspecif					FM10	29/01/2007		1
		O'Brien A Mr	SOUTHERN	M34 1	Total Excision Of Bl	M19 1	Urinary Diversion -	C67 9	Malignant Neoplasm Of Bladder, Unspecif					FM02	22/05/2006		1
		O'Brien A Mr	SOUTHERN	M34 3	Total Excision Of Bl	M19 1	Urinary Diversion -	C67 9	Malignant Neoplasm Of Bladder, Unspecif					FM08	30/10/2006		1
		O'Brien A Mr	SOUTHERN	M34 3	Total Excision Of Bl	M19 1	Urinary Diversion -	N30 1	Interstitial Cystitis (Chronic)					FM03	08/05/2006		1
		O'Brien A Mr	SOUTHERN	M34 3	Total Excision Of Bl	M19 1	Urinary Diversion -	N30 1	Interstitial Cystitis (Chronic)					FM03	29/05/2006		1
		Young M Mr	SOUTHERN	M34 1	Total Excision Of Bl	M19 1	Urinary Diversion -	C67 9	Malignant Neoplasm Of Bladder, Unspecif					FM09	10/12/2006		1
	Craigavon Area Hospital																8
									Sum								
FY2006/2007									Sum								8

Fiscal Year	Hospital Description	Consultant Name	Local Commission	Primary Operation	Operation Descrip	Secondary Operat	Secondary Operat	Primary Diagnosis	Diagnostic Description	Postcode	Casenote	DOB	CHI Number	Fiscal Month	Date of Admission	CHI Number	Elective FCE's & D
FY2007/2008	Craigavon Area Hos	Balstone GRD Mr	SOUTHERN	M34 1	Total Excision Of Bl	M19 1	Urinary Diversion -	C67 9	Malignant Neoplasm Of Bladder, Unspecif	Personal Information redacted by the USI				FM04	09/07/2007	Personal Information redacted by the USI	1
		Mcallister C Dr	NORTHERN	M34 1	Total Excision Of Bl	M19 1	Urinary Diversion -	C67 9	Malignant Neoplasm Of Bladder, Unspecif					FM06	10/09/2007		1
		O'Brien A Mr	SOUTHERN	M34 1	Total Excision Of Bl	M19 1	Urinary Diversion -	C67 9	Malignant Neoplasm Of Bladder, Unspecif					FM05	18/07/2007		1
		O'Brien A Mr	SOUTHERN	M34 1	Total Excision Of Bl	M19 1	Urinary Diversion -	C67 9	Malignant Neoplasm Of Bladder, Unspecif					FM06	27/08/2007		1
		O'Brien A Mr	SOUTHERN	M34 3	Total Excision Of Bl	M19 1	Urinary Diversion -	C67 9	Malignant Neoplasm Of Bladder, Unspecif					FM12	04/02/2008		1
		O'Brien A Mr	SOUTHERN	M34 3	Total Excision Of Bl	M19 1	Urinary Diversion -	R15 X	Faecal Incontinence					FM04	09/07/2007		1
		Young M Mr	SOUTHERN	M34 3	Total Excision Of Bl	M19 1	Urinary Diversion -	D41 4	Neoplasm Uncert / Unkn Behav Bladder					FM08	02/11/2007		1
		Young M Mr	WESTERN	M34 1	Total Excision Of Bl	M19 1	Urinary Diversion -	C67 9	Malignant Neoplasm Of Bladder, Unspecif					FM09	02/12/2007		1
	Craigavon Area Hospital																8
FY2007/2008									Sum								8

Fiscal Year	Hospital Description	Consultant Name	Local Commission	Primary Operation	Operation Descrip	Secondary Operat	Secondary Operat	Primary Diagnosis	Diagnostic Description	Postcode	Casenote	DOB	CHI Number	Fiscal Month	Date of Admission	CHI Number	Elective FCE's & D
FY2008/2009	Craigavon Area Hos	O'Brien A Mr	SOUTHERN	M19 1	Urinary Diversion -	M19 2	Urinary Diversion -	C67 9	Malignant Neoplasm Of Bladder, Unspecif	Personal Information redacted by the USI				FM10	08/12/2008	Personal Information redacted by the USI	1
		O'Brien A Mr	SOUTHERN	M34 1	Total Excision Of Bl	M19 1	Urinary Diversion -	C67 9	Malignant Neoplasm Of Bladder, Unspecif					FM11	02/02/2009		1
		O'Brien A Mr	SOUTHERN	M34 1	Total Excision Of Bl	M19 1	Urinary Diversion -	C67 9	Malignant Neoplasm Of Bladder, Unspecif					FM11	12/01/2009		1
		O'Brien A Mr	SOUTHERN	M34 1	Total Excision Of Bl	M19 2	Urinary Diversion -	C67 9	Malignant Neoplasm Of Bladder, Unspecif					FM02	12/05/2008		1
		O'Brien A Mr	SOUTHERN	M34 1	Total Excision Of Bl	M34 2	Total Excision Of Bl	C67 9	Malignant Neoplasm Of Bladder, Unspecif					FM02	12/05/2008		1
		O'Brien A Mr	SOUTHERN	M34 3	Total Excision Of Bl	M19 1	Urinary Diversion -	C67 9	Malignant Neoplasm Of Bladder, Unspecif					FM11	09/02/2009		1
		O'Brien A Mr	SOUTHERN	M34 3	Total Excision Of Bl	M19 1	Urinary Diversion -	R32 X	Unspecified Urinary Incontinence					FM11	23/02/2009		1
		O'Brien A Mr	SOUTHERN	M34 3	Total Excision Of Bl	M19 2	Urinary Diversion -	N30 1	Interstitial Cystitis (Chronic)					FM12	09/03/2009		1
		Young M Mr	SOUTHERN	M34 1	Total Excision Of Bl	M19 1	Urinary Diversion -	C61 X	Malignant Neoplasm Of Prostate					FM09	04/12/2008		1
		Young M Mr	SOUTHERN	M34 3	Total Excision Of Bl	M19 1	Urinary Diversion -	C67 9	Malignant Neoplasm Of Bladder, Unspecif					FM07	06/10/2008		1
		Young M Mr	SOUTHERN	M34 3	Total Excision Of Bl	M19 1	Urinary Diversion -	C67 9	Malignant Neoplasm Of Bladder, Unspecif					FM12	02/03/2009		1
	Craigavon Area Hospital																11
FY2008/2009									Sum								11

Fiscal Year	Hospital Description	Consultant Name	Local Commission	Primary Operation	Operation Descrip	Secondary Operat	Secondary Operat	Primary Diagnosis	Diagnostic Description	Postcode	Casenote	DOB	CHI Number	Fiscal Month	Date of Admission	CHI Number	Elective FCE's & D
FY2009/2010	Craigavon Area Hos	O'Brien A Mr	NORTHERN	M19 2	Urinary Diversion -	M34 4	Total Excision Of Bl	K65 9	Peritonitis, Unspecified	Personal Information redacted by the USI				FM06	14/09/2009	Personal Information redacted by the USI	1
		O'Brien A Mr	SOUTHERN	M34 1	Total Excision Of Bl	M19 1	Urinary Diversion -	C67 9	Malignant Neoplasm Of Bladder, Unspecif					FM06	26/10/2009		1
		O'Brien A Mr	SOUTHERN	M34 3	Total Excision Of Bl	M19 1	Urinary Diversion -	C67 9	Malignant Neoplasm Of Bladder, Unspecif					FM04	20/07/2009		1
		O'Brien A Mr	SOUTHERN	M34 3	Total Excision Of Bl	M19 2	Urinary Diversion -	C67 9	Malignant Neoplasm Of Bladder, Unspecif					FM01	30/03/2009		1
		Young M Mr	SOUTHERN	M34 1	Total Excision Of Bl	M19 1	Urinary Diversion -	C67 9	Malignant Neoplasm Of Bladder, Unspecif					FM04	15/06/2009		1
		Young M Mr	SOUTHERN	M34 1	Total Excision Of Bl	M19 1	Urinary Diversion -	C67 9	Malignant Neoplasm Of Bladder, Unspecif					FM03	01/06/2009		1
	Craigavon Area Hospital																6
FY2009/2010																	6

Fiscal Year	Hospital Description	Consultant Name	Local Commission	Primary Operation	Operation Descrip	Secondary Operat	Secondary Operat	Primary Diagnosis	Diagnostic Description	Postcode	Casenote	DOB	CHI Number	Fiscal Month	Date of Admission	CHI Number	Elective FCE's & D
FY2010/2011	Craigavon Area Hos	O'Brien A Mr	SOUTHERN	M34 2	Total Excision Of Bl	M19 1	Urinary Diversion -	C68 0	Malignant Neoplasm Of Urethra	Personal Information redacted by the USI				FM01	13/04/2010	Personal Information redacted by the USI	1
	Craigavon Area Hospital																1
FY2010/2011																	1
									Sum								36
									Sum								36

Received from PHA on 25/10/2022. Annotated by the Urology Services Inquiry

6

Diane Corrigan

From: Diane Corrigan
Sent: 23 August 2010 17:11
To: Carolyn Harper; janet.little[redacted]
Cc: libby.jones[redacted] DPHM.secretary[redacted]
Subject: Confidential : Addendum to email on cystectomy figures in NI sent on 20th August
Attachments: NI cystectomy andor creation of an ileal conduit as a primary procedure 200506 to 200910.xls

Dear Carolyn and Janet

The information dept ran the data again to check for duplicate patients. In doing this it was realised that the first run of information had used as a search criterion that the patients had to have had both a cystectomy AND an ileal conduit. This latest version uses EITHER cystectomy OR ileal conduit formation as primary procedure code. The latter method increases the number of patients .

The role of the regional centre seems to have become more prominent over the five year period, with cessation of these types of cases at Altnagelvin and the Mater Hospitals. The specialist role in treating patients with spinal problems/neuropathic bladders is also reflected in the BCH data. There are cases where the diagnosis coding is too vague to be sure what the true underlying diagnosis might have been, e.g. for 'peritonitis, faecal incontinence, mycobacterial infection, attention to openings of urinary tract'.

In 2005/06 and 2006/07 there were 32 and 41 operations of this type respectively across NI. The number done for reasons other than malignant disease (as per the ICD coding) were 9 and 7 respectively. Four of the 9 done in 2005/06 were for cystitis of whom 3 of the four had their operation at CAH. In 2006/07 three of the seven non-malignant patients operated on in NI were coded as having a primary diagnosis of cystitis, all three of whom had their operation at CAH. This proportion might be explicable if CAH had been a centre of specialisation for this treatment, but if so that is something which was not raised as part of the Regional Urology Review.

From 2007 onwards the number of procedures done for non-malignant indications at CAH fell to 2,2 and 4. In that group of 8 cases, one was for UTI unspecified and one for mycobacterial infection but none specifically for cystitis.

On the basis of this information I am not sure that there is a clear pattern of unusually high cystectomy rates in CAH for cystitis, at least since 2007. Even so, do you think these data should be shared with the Trust? Do you think it appropriate to seek an assurance that no more radical pelvic surgery is listed for operation on that site – even though that was implicit rather than explicit in the Urology Review?

Regards

Diane

7

Diane Corrigan

From: Little, Janet [redacted]
Sent: 25 August 2010 15:43
To: Corrigan, Diane
Subject: RE: Important - advice needed on issues relating to clinical practice in Urology

Diane,

Apologies I have clearly been dealing with Emails out of sequence.

I have scanned all this and would suggest that there is enough to raise concern over the information as presented.

There is enough concern to ask the Trust for a formal report on the management of this group of patients (the requirement for central line insertion is a serious development) and it may be reasonable to suggest external input.

Happy to discuss

Janet

-----Original Message-----
From: Corrigan, Diane [redacted]
Sent: 19 August 2010 18:24
To: Carolyn Harper; Janet.Little [redacted]
Cc: Jones, Libby
Subject: Important - advice needed on issues relating to clinical practice in Urology

"This e-mail is covered by the disclaimer found at the end of the message."

Dear all

I have cut and pasted in some emails below which I hope are self-explanatory. There are also some attachments. In summary, in April 2009 I was approached by Dr P Loughran, the Medical Director of SHSCT, to seek my views as a commissioner of services as to whether a particular treatment being undertaken by Urologists in CAH was appropriate. This was regular elective admission of a small cohort of patients with chronic urinary tract infections to have IV fluids and antibiotics. The patients concerned believe that this 'flushes them out' and appear to value the treatment. I thought it was biologically implausible for this form of treatment to be any more effective than oral treatment. This view concurred with opinions Dr Loughran had already garnered from clinical colleagues. Although this treatment was wasteful of resources, it did not appear at that time to pose a clinical risk to patients. I gave Dr Loughran some advice on how to deal with the issue, including a contact for an external urology opinion.

I was next involved in January 2010 when Dr Loughran approached me to say that although he had agreed with the clinicians that the treatments

would be phased out this had not in fact happened. He had prepared a paper for the Trust's SMT and as it referred to me he sought my opinion on the wording of the relevant paragraph. I suggested amendments (which you will see below), but did not see a final version of the report. The report's Appendices (see PDF attachment) included comments from external urologists which concurred that the treatment was not in keeping with practice elsewhere in GB.

At a recent meeting with the Trust about the Urology Review it emerged that not only had the treatment not yet stopped, but some patients (possibly 2) were now receiving this treatment via a central line. Given the risk that having an indwelling line poses to patients I felt that I needed to take this further. I emailed Mr Eamon Mackle, Clinical Director of Surgery at the Trust (see below) who indicated that the Medical Director had now asked him to deal with the issue. On the day I spoke to him he did not appear to be aware that I had provided previous comments, hence the purpose of copying him information on the timeline and the draft report. I re-read the report and began to wonder if there was something unusual about the cohort of patients. One of the external opinions referenced the fact that several of the patients had ileal conduits. I imagined that the prevalent population of patients with ileal conduits in the CAH catchment would not have been very large. To put my mind at rest I asked for some information on the numbers of such operations done over the last 5 years in NI by consultant. This is attached above in an Excel spreadsheet. There are all sorts of caveats in interpreting this data, depending as it does on coding quality and completeness. However the raw data show that of 185 cases over the period, 170 had a diagnostic code which indicated malignancy or carcinoma in situ. Another 2 were coded as 'neoplasm uncertain'. Three were done by a single urologist in BCH for neurological disorders. Of the remaining 10 which did not have those diagnoses, six were done by a single consultant at CAH. Four had a primary diagnosis of cystitis, one had a diagnosis of faecal incontinence and one of peritonitis.

I have tried to think of possible data-related explanation for this. If there was very poor coding practice in a hospital then maybe a patient who had a longstanding ileal conduit, admitted for treatment of cystitis might, in theory at least, be coded as though they had the cystectomy and ileal conduit as elective operations each time - but if so that coding error would need to be highlighted and stopped. However if there really is an underlying issue - what is the role of the PHA in drawing this to the Trust's attention?

I have included draft wording of an email which I was considering sending to the Medical Director, Director of Acute Services and Clinical Director of Surgery at SHSCT. However I thought that before doing so I needed guidance on whether this was the correct way to deal with this issue.

I would be very grateful for your comments and advice on the following points

(i) Do you agree that the line I had already taken on the use of regular IV fluids and antibiotics for chronic cystitis was correct?

(ii) Do you agree that continuing this form of treatment in the light of

external advice from external urologists calls for further action, especially since some of patients now appear to have had central lines inserted for the purpose?

(iii) Do you think that the statistics on cystectomy and ileal conduit creation by one consultant at CAH are sufficiently different from the pattern of treatment in other units for me to raise this with the Trust? The numbers are small and all of the information from each Trust is subject to the quality of their coding.

(iv) Do you think my comment in the draft email seeking assurance that, following the Urology Review, no further radical pelvic surgery should now be happening in CAH is appropriate?

Regards

Diane

COPY OF EMAIL TO CLIN DIR OF SURGERY AT SHSCT

-----Original Message-----
From: Diane Corrigan
Sent: 09 August 2010 13:12
To: 'eamon.mackle [redacted]
Subject: FW: Intravenous Fluid & Antibiotic Therapy (IVT)
Importance: High

Dear Eamon

Re our discussion at the end of the Urology meeting - I found this email and thought I should forward it to you. You may by now have had sight of the Trust's full internal file on this issue.

My timeline for events relating to this issue is:

21 April 2009 - phone discussion with Dr Loughran in which he indicated that a cohort of patients having this IV treatment had come to light when implementing the Trust's new antibiotic prescribing policy. I advised involvement of the CD and if necessary external advice from Mark Fordham. I emailed Mark's address on the 22nd April.

Paddy called me again on the 4th Jan 2010 to say that although the clinicians had agreed to change practice, it had emerged that this had not happened. He planned to prepare a paper setting out the issue for discussion (? within Trust management). He forwarded a draft to me (attached) and the email below was my response. I do not think I ever saw the final report which was for internal use in the Trust. The draft paper indicated that insertion of central lines to deliver this therapy was being considered for two patients. From your comments it sounds as though this has actually gone ahead. I am very concerned as to how this could have happened. It is a matter for the Trust to decide, but I think the latter begins to sound like an SAI.

I have re-read the Appendices to the draft report. Perhaps I am reading more into them than was meant - however am I right in thinking that almost all of these patients have had cystectomy and ileal conduits for benign disease? I would have imagined this would have been a treatment of last resort. Is there any possibility that there is a wider issue here - i.e. not just the continued use of a non evidence-based treatment for UTI, but a higher than expected use of radical surgery for the underlying pathology? As a first step maybe I can ask our information department to see whether it is possible to extract information on the number of cystectomies done in NI for benign disease over the last decade. This will depend on the coding quality - however if it shows nothing untoward in terms of numbers done at CAH then concentration on IVT would remain the most pressing issue.

This could be very difficult. I would advise a team approach within the Trust - involving the Medical Director and the Dir of Acute Services - dealing with this on your own would not be a good idea.

Please let me know if there is anything else I could do.

Diane

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EXTRACT OF EMAIL TO MEDICAL DIR SECRETARY

-----Original Message-----
From: Diane Corrigan
Sent: 06 January 2010 16:13
To: 'White, Laura'; Paddy Loughran
[redacted] Personal Information redacted by the USI
Cc: Wilson, Roberta
Subject: RE: Intravenous Fluid & Antibiotic Therapy (IVT)

Thank you for letting me see this draft report. I have two comments. Firstly, since I am now an employee of the PHA, I'm not sure it is technically correct to call me the 'commissioner' anymore - though the best alternative I can come up with is 'PHA adviser to the HSCB Southern office' which is very longwinded. With that in mind could I suggest that page 3 para g is amended to read

"I have discussed the above with Dr D Corrigan, the PHA adviser to the HSCB Southern office. On the basis of the information provided, she has advised that it would not be appropriate for SHSCT to continue to provide a treatment for which there is neither a published evidence base, nor a supporting consensus of professional opinion outwith the Trust. If SHSCT urologists feel strongly that this treatment is of value they should participate in a recognised clinical trial, with ethical committee approval. For those patients already on this treatment regimen an orderly process should be agreed and implemented to move them onto alternative treatment regimes, with the support of medical microbiology. It will be important that the reasoning behind this decision is sensitively communicated to this cohort of patients."

I also think the patient names should be removed from the Appendix (Carmel Hanna's letter) as the report may end up being copied and this could lead to a breach of patient confidentiality.

Regards

Diane
-----Original Message-----
From: White, Laura [redacted] Personal Information redacted by the USI
Sent: 05 January 2010 14:19
To: Corrigan, Diane
Cc: Wilson, Roberta
Subject: Intravenous Fluid & Antibiotic Therapy (IVT)

Dr Corrigan

Enclosed as per your telephone call with Dr Loughran, you are mentioned under Page 2, No 6 and Page 3, "G".

Laura

Ms Laura White
Personal Assistant to
Dr Patrick Loughran
Medical Director
Southern Health & Social Care Trust

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DRAFT EMAIL TO SHSCT 19 AUG 2010 VERSION

Dear

In the context of the Urology Review implementation process, which highlighted a high proportion of elective urology episodes which did not have an operative procedure, I re-read the external expert reports relating to the use of IV therapies at CAH (Appendices of the draft document I was asked to comment on last January). I picked up on a comment that many of the cases had ileal conduits. I emailed Eamon Mackle a few weeks ago to the effect that just to put my mind at rest I intended to seek NI-wide information on the numbers of cystectomies and ileal conduits carried out by Unit and consultant.

I enclose the results. These have to be interpreted with caution as they are dependent on coding quality. In addition I appreciate that the numbers are very small. It appears that cystectomy and conduit creation is done in the great majority of cases for malignant disease. However there appear to be small numbers done for other reasons. Four of the operations coded as being done by one of the CAH surgeons were for

cystitis. This would appear to be unusual. Is there any possibility that this reflects incorrect coding and in fact these are multiple admissions of patients who have had the procedure in the past and who have been admitted for other reasons?

Following the Urology Review decision, as of March 2010 radical pelvic urology surgery for malignant disease should no longer be being done in SHSCT. This would include cystectomy. We have discussed the cancer cases recently at the meeting chaired by Beth Malloy from PMSI at the HSCB. The rationale for this policy decision, which is in line with IOG guidance, was to concentrate the relatively small number of such cases in the hands of a small number of surgeons who could maintain specialist sklills. No reference was made in the Urology Review to radical pelvic surgery for non-malignant diseaase. It was perhaps assumed to be implicit that the even smaller volume of this type of work would also be centralised. I would be grateful for an assurance that the urology team is now referring on all patients being considered for radical pelvic surgery regardless of the underlying diagnosis.

Best wishes

Diane